

Effective October 1, 2000

Application or Docket Number

208250056

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
тс	TAL CHARGEA	BLE CLAIMS	/g minus 20=		*	0		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	4 mi	# minus 3 = *		* /		X40=		OR	X80=	80.0	
MULTIPLE DEPENDENT CLAIM PRESENT							ı	+135=		OR	+270=	J i
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	l	TOTAL		OR	TOTAL	790.
CLAIMS AS AMENDED - PART II								OTHER THAN			THAN	
_	SOUND NAME	(Column 1) CLAIMS	600 (* 2.60)	(Colui		(Column 3)		SMALL		OR I i	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T.C. A.M.	=		X40=		OR	X80=	
<u> </u>	PINST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIN			+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	•			• ,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	- CI AINA	=		X40=	·	OR	X80=	
	rino i Phese	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		'	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
ட்	HIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		┞			UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											
	The "Highest Num	ber Previously Pai	d For" (Total or	Independ	ent) is the	highest number	r four	nd in the app	ropriate box	in col	umn 1.	